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Dated: 6/2/04 Signature: Valerie J. Sarosky
(Valerie J. Sarosky)

Docket No.: BTYQ-P01-004
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Cella et al.

Application No.: 09/586723

Group Art Unit: 3624

Filed: June 5, 2000

Examiner: H. Kazimi

For: CONTINGENCY-BASED OPTIONS AND
FUTURES FOR CONTINGENT TRAVEL
ACCOMMODATIONS

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TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address; and
2. Change of Attorney Docket Number

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. BTYQ-P01-004. A duplicate copy of this paper is enclosed.

Dated: June 2, 2004

Respectfully submitted,

By Matthew B. Vincent

Registration No.: 36,709
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Attorneys/Agents For Applicant



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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/586723
Filing Date	June 5, 2000
First Named Inventor	Charles Cella
Art Unit	3624
Examiner Name	H. M. Kazimi
Attorney Docket Number	BTYQ-P01-004

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **28120**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

28120

OR

☐ Firm or
Individual Name **ROPES & GRAY LLP
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name **Matthew P. Vincent**

Signature

Date **June 2, 2004**

Telephone **(617) 951-7739 Ext. 7739**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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Dated: **6/2/04**

Signature: **Valerie J. Sarosky** (Valerie J. Sarosky)